

Form CCF-PF Surcharge for Parking Facilities in Boston, Springfield and Worcester

Rev. 8/00

Massachusetts **Department of**

Revenue

This return is due on or before the 20th day of the month following the close of each calendar quarter. For the quarter enc	iing

Parking Facilities Surcharge in Boston, Springfield and Worcester separate form must be filed for each city listed below. Check applicable city where facility is located: Boston Springfield Worcester	ame			Federal Identification number		
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' Interest ▶7 \$	Penalties				· ·	
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Total amount due. Add lines 5, 6 and 7	Total amount due. Add lines 5, 6 and 7			▶	8 \$	
	Declaration					
Declaration	he undersigned certifies under the penalties	s of perjury that all items a	nd statements herein contained a	re true and	accurate in every p	
	gnature of authorized officer		Date	Phone numb	per	
Declaration The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in ever signature of authorized officer Date Phone number	reparer's signature and Social Security number	Date	Check if self-employed	Employer Ide	entification number	
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The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in ever bignature of authorized officer Date Phone number Preparer's signature and Social Security number Date Check if self-employed Employer Identification number						

Make check or money order payable to: Commonwealth of Massachusetts.

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